

Interpretative Statement: Iowa School Nurses and Delegation

Purpose: Increasing numbers of students need special health services to participate in their educational program. Providing services requires interdisciplinary coordination between education, health, and human services. These coordinated services include nursing delegation of school health services designed to protect student health, safety, and welfare. The purpose of this interpretative statement is to provide a resource for school nurses and school personnel regarding the school nurse delegation decision-making process.

Background: The registered nurse (RN) delegates nursing tasks while retaining accountability. There is no substitute for the professional registered nursing delegation judgment. The basis of all delegation decisions is student health, safety, and welfare. Other workers have a place and are equipped to assist, but not replace, the registered nurse in providing health services. RNs are accountable to provide safe, effective nursing care. This requires employers, peers, and coworkers to support the RN and share responsibility in providing safe, quality health services.

The Iowa School Nurse is a registered nurse licensed to practice by a state board of nursing. The School Nurse has the legal, professional, and ethical autonomy to make decisions about delegation in accordance with the:

- Iowa Code (Iowa Code § 152) Practice of Nursing, Iowa Administrative Code Nursing Practice for RNs (655 IAC 6), Iowa Administrative Code Discipline (655 IAC 4), and Advanced Registered Nurse Practitioner (655 IAC 7)
- School Nursing: Scope and Standards of Practice (National Association of School Nurses and American Nurses Association, 2005)
- School Nursing Code of Ethics (National Association of School Nurses, 2002)

To practice within the scope of delegation authority, the School Nurse is accountable and responsible for:

- maintaining documentation of personal competence and education
- knowledge, skills, experience, instruction, and supervision
- determining if the student specific health service(s) may be delegated;
 - appropriate circumstances, setting, and resources
 - delegation to the right person for the right reason(s)
 - service direction and description including clear and concise objectives, limits, and expectations
 - supervision including monitoring, evaluation, intervention, and feedback (Iowa Board of Nursing, March 1996)
- action or failure to act of self or others performing health services included in the individual health plan and emergency plan

By applying the legal, professional, and ethical delegation obligations, the School Nurse begins the delegation decision-making process of assessment, diagnosis, outcome identification, planning, implementation, and evaluation (Appendix A Example). The student's health record contains the detailed delegation decision-making process documentation (Appendix B Example).

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Gathering Assessment Information: The School Nurse identifies:

- information sources including and not limited to health providers, student, family, and education team
- individual student health service needs
- resource needs
- student and or personnel supervision needs

Nursing Diagnoses and Outcome Identification: Once the assessment is completed, the resulting nursing diagnoses and outcomes direct health services and determine action priorities in the delegation decision-making. The nursing diagnoses describe the student's current health status. The outcomes are statements describing the desired health goals. They are meaningful, measurable, observable, and useful in making decisions. The School Nurse also considers the goals value to the student, family, and the achievement impact on the student's school performance.

Applying the information obtained through assessment, diagnosis, and outcome identification, the School Nurse proceeds to the planning step of the delegation decision-making process.

Planning Individual Health Service(s) and Emergency Health Service(s): The School Nurse analyzes the assessment in consultation with the student, family, staff, and education team and determines whether to delegate considering:

- high outcome predictability (stability)
- minimal service complexity (competence)
- low harm potential for the student and others (harm)
- student level for self-care (self-care)
- minimal problem solving required (decision-making)

If the school nurse determines the student's safety and welfare requires the RN to provide the service, the nurse communicates this decision-making process with the education team.

The School Nurse develops the individual health plan (IHP) and emergency plan (EP) for school and school activities, which includes a back-up plan(s) in case the service provider is not available. After completing the planning step, the School Nurse proceeds to the implementation step of the delegation decision-making process.

Implementation: When the School Nurse determines the service may be safely delegated to another person, hereafter referred to as the assistive personnel, the School Nurse develops the assistive personnel implementation plan including:

- designating the assistive personnel to perform the service(s)
- instruction content and updates
- demonstrated competency level
- frequency and level of supervision (in same area, on site, or on call)
- provision of ongoing support

The assistive personnel providing the service(s):

- understands responsibility and accountability to provide the service(s) as instructed
- understands and follows lines of communication in the plan

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- demonstrates service knowledge and skill(s) competency
- agrees to the level and frequency of supervision
- agrees to perform the service(s) as instructed (Iowa Code §§ 280.23)
- agrees to ask questions, communicate concerns promptly, and document service provision
- signs an agreement of understanding (Appendix C Example)

The School Nurse provides the ongoing continuous evaluation step of the delegation decision-making process following implementation.

Evaluation: The School Nurse will:

- review the delegated process and outcomes
- maintain ongoing communication and observation with assistive personnel
- determine follow-up measures to continue to meet student needs
- adjust the plan as needed to meet new and changing needs
- document the evaluation findings

The School Nurse's accountability and responsibility for student advocacy requires immediate reporting, documentation, and resolution of a situation when safety is in question. RNs are accountable to provide safe, effective nursing care. This necessitates that employers, payers, peers, and coworkers support the RN and share the responsibility to provide safe, quality student health services.

Summary

Iowa Registered School Nurses ensure safe provision of special health services through the delegation decision-making process. This process allows students to receive and benefit from their educational program through the safe, competent provision of needed special health services. Qualified health personnel may delegate service(s) to assistive personnel with the utmost regard for student safety and protection.

Definitions

Accountability: The RN, according to their nursing license, is responsible and answerable for delegating special health services and self-action or inaction of self. When assistive personnel accept delegation, they agree to be responsible for self-action or inaction in providing the service(s) as instructed.

Assistive personnel: An individual, without health licensure, including various titles (unlicensed assistive personnel, qualified designated personnel, classroom assistant, paraeducator, paraprofessional, secretary, teacher, and others) functioning in an assistive role delegated by the RN. The assistive personnel means a person instructed, competent, and supervised in implementing the eligible individual's health plan (281 IAC 41.405(1)).

Delegation: The School Nurse, in collaboration with the education team, determine the special health services to be provided and the qualifications of individuals performing the health services. Primary consideration is given to the recommendation of the licensed health personnel. Each delegation considers the individual's special health service. The rationale for the designation is documented (281 IAC 405(1)). The assignment does not require the registered nurse knowledge and skill level and is not beyond the scope and practice of the licensed practical nurse. The RN uses professional judgment in assigning and delegating activities and functions to assistive personnel. The RN instructs and supervises the assistive personnel performing the health service(s). Additional references: Iowa Code §152.1(2)(c) and 655 IAC 6.2(5).

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Documentation: Maintaining a written or electronic record of the decision-making assessment, diagnosis, outcome identification, planning, implementation (instruction, return demonstration, competency, assistive personnel agreements, communication), evaluation, and revision(s) of the health service(s) in the IHP, EP, and IEP. Additional delegation documentation includes but is not limited to the student name, health service, prescriber, date, time, name and title of the person providing the service, detailed notes on service provision, and unusual circumstances.

Evaluation: The analysis of the student's response(s) to the delegation process and progress toward identified outcomes. The data collected during the systematic ongoing evaluation is documented and used to make decisions about modifications, additions, or deletions. The school nurse reviews the IHP, EP, and back-up plan in collaboration with the student, family, school team, and assistive personnel whenever the student's health status changes, or at least annually.

Health assessment: Health data collection, observation, analysis, and interpretation relating to the eligible individual's educational program (IEP), IHP, and EP (281 IAC 41.405(1)). Sources of information include, but are not limited to; interviews with the student and family, review of the student health record and medical records, health history, physical assessments and measurements, developmental and or family assessments, school professionals observations, and the education team. The school nurse interprets the information using professional knowledge and expertise to indicate how the health status affects educational performance and to determine delegation.

Health service instruction: Education by the school nurse or other qualified health personnel to prepare assistive personnel to deliver and perform special health services contained in the IEP, IHP, and EP. Documentation of the education and updates is on file (281 IAC 41.405(1)).

Individual health plan (IHP): A confidential, preplanned, written, ongoing document detailing the provision of the special health service(s) in the education program. The IHP, EP, and back-up (reserve or substitute) plans document the nursing process (assessment, planning, implementation, documentation, evaluation, and plan for emergencies). The school nurse and other qualified health personnel develop this document with the health provider, family, student, and education team. The specific health services and provider(s) are included in the Individualized Educational Program (IEP), selected items integrated into the IEP, plan(s) location noted in the IEP, updated as needed and at least annually (281 IAC 41.405(1)).

Special health service: Includes, but is not limited to, health service(s) for eligible individuals whose health status, stable or unstable, requires interpretation or intervention, administration of health procedures and health care, or use of a health device to compensate for the reduction or loss of a body function (281 IAC 41.405(1)).

Supervision: The School Nurse provides oversight including and not limited to observation, guidance, direction, instruction, evaluation, and follow-up of the assistive personnel providing the delegated special health service(s). "Levels of supervision include situations in which licensed health personnel are physically present, licensed health personnel are available at the same site, and licensed health personnel are available on call" (281 IAC 41.405(1)).

Various levels of school health expertise

Registered Nurse (RN): Licensed to practice nursing by a board of nursing to formulate nursing diagnoses, conduct nursing treatment, carry out physician instructions, supervise and teach other personnel in the performance of nursing care activities, perform additional services requiring education and training, and apply scientific principles (Iowa Code § 152 and 655 IAC 6).

- **Advanced Registered Nurse Practitioner (ARNP):** Advanced RN practitioner educated in nursing with advanced nursing knowledge, physical and psychosocial assessment, interventions, health care management, and national professional nursing association certification approved by the board of nursing (655 IAC 7).

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- **Public Health Nursing:** A specialized nursing practice combining public health science and art with nursing science and art. Public health nurse may be employed through a contract listing time and duties with a school district to provide public health nursing services (Iowa Code §143(1); 641 IAC 80.9).
- **School Nurse:** Each board that employs a nurse shall require a current license to be on file (281 IAC 12.4(12)). The contract is in writing, stating number of contract days, annual compensation, any other matter as mutually agreed, not to exceed a term beyond the school year except as otherwise authorized, signed by the Board and nurse, and on file before entering into performance (Iowa Code §279.13). An Iowa registered nurse licensed to practice nursing in accordance with the RN licensing laws is called a school nurse when working in a school. In addition to the RN laws, the practice of the nurse in schools includes the Standards of Professional School Nursing Practice and Code of Ethics for the School Nurse. “School Nursing is a specialized practice of professional nursing that advances the well being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning” (National Association of School Nurses, 1999). A district has a school nurse to provide health services. The district works toward the goal of one school nurse for every 750 students enrolled. School nurse means a person who holds an endorsement (RN from Board of Nursing). Available and not required School Nurse statement of professional recognition (SPR) from Iowa Board of Educational Examiners (Iowa Code §256.11(9B)). Interpretation: District school nurse is employed, shared, or contracted, and amount of time not specified. The school nurse (RN with baccalaureate degree and SPR) meets the definition of “teacher” and is eligible for teacher quality compensation, evaluation, and professional development, School Leader Update-Legislative Update, May 2007.
- **School Nurse Statement of Professional Recognition (SPR).** School Nurse SPR from Board of Educational Examiners authorizes the registered nurse (RN) to promote health and safety of students including medical treatment allowed under RN license. Requires current RN license from the Board of Nursing, baccalaureate degree, valid for five years and renewal requires continuing education required by board of nursing and child and dependent abuse education. Available and not required to practice in a school. To renew submit fee, copy current RN license, and record of child abuse course (282 IAC 16.3). <http://www.boee.iowa.gov/ChooseNew.html>
- **Special Education Nurse SPR:** Professional RN who assesses, identifies, and evaluates health needs of eligible individuals; interprets for the family and educational personnel how health needs relate to the individuals' education; implements activities within the practice of professional nursing; and integrates health into the educational program (281.41.402(3)). Special education nurse SPR authorizes the nurse to provide school nurse and school health services with special education pupils birth to age 21. Special education director submits a letter to the educational examiners requesting the SPR. Requirements: Nursing baccalaureate or master's degree official transcript; current Iowa Board of Nursing license; and verification of two years' experience in public health nursing including service to schools or as a school nurse. Valid for 5 years and temporary authorization and requirements listed (282 IAC 16.7).

Pediatrician: A community health care provider who establishes a working relationship, communication, and guidance with the school and school nurse. Some of the activities in providing services include support of school wellness, coordination of school screenings, availability and continuing education, and school health advisory committee (American Academy of Pediatrics, 2008).

Allied Health Personnel:

- **Assistive personnel:** An individual, without health licensure, employed and educated to function in an assistive role to the registered nurse in providing nursing care as delegated by the registered nurse. Various assistive personnel titles include unlicensed assistive personnel (UAP), qualified designated personnel, classroom assistant, paraeducator (282 IAC 22), paraprofessional (281 IAC 41.403), secretary, teacher, and others. The assistive personnel is instructed, competent, and supervised in providing the health service(s) described in the individual health plan (281 IAC 41.405).
- **Licensed Practical Nurse (LPN):** Performs supportive or restorative care under the supervision of the RN (655 IAC 6.3(1)). When nursing care is provided by the LPN in a non-acute setting requiring the knowledge and skill level currently ascribed to the RN, the RN or physician must be present in the same building (655 IAC 6.3(6)). In addition, the LPN may provide supportive and restorative care to a specific student (one-on-one) in the school setting in accordance with the student's IHP and EP when under the supervision of and as delegated by the RN employed by the school district. The RN determines the level of supervision (655 IAC 6.6(2) and 281 IAC 41.405).

Community School Health Advisory Council: Members include a broad cross-section of parents, business and community members, and school staff to facilitate communication and problem solving about health-related issues of children and youth. Each Council develops its own agenda, reflecting its community's concerns, values, and resources (Iowa Department of Public Health, 1999).

Resources

American Academy of Pediatrics. (2008). Role of the school nurse in providing school health services. *Pediatrics*, 121, 1052-1056. Retrieved February 22, 2010, from <http://pediatrics.aappublications.org/cgi/reprint/121/5/1052>

American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN). (2006). *Joint Statement on Delegation*. Retrieved February 22, 2010, from https://www.ncsbn.org/Joint_statement.pdf.

Iowa Board of Nursing. *Delegation*. Des Moines, IA: IBN. Retrieved February 22, 2010, from http://www.state.ia.us/nursing/nursing_practice/Delegation.html and <http://www.state.ia.us/nursing/faq/unlicensedpersonnel.html>

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National Association of School Nurses. (2006). *Position statement: Delegation*. Silver Spring, MD: NASN. Retrieved February 22, 2010, from <http://www.nasn.org/Default.aspx?tabid=349>.

Porter, S., Haynie, M., Bierle, T., Caldwell, T., & Palfrey, J. (1997). *Children and youth assisted by medical technology in educational settings: Guidelines for care* (2nd Ed.). Baltimore, MD: Brookes.

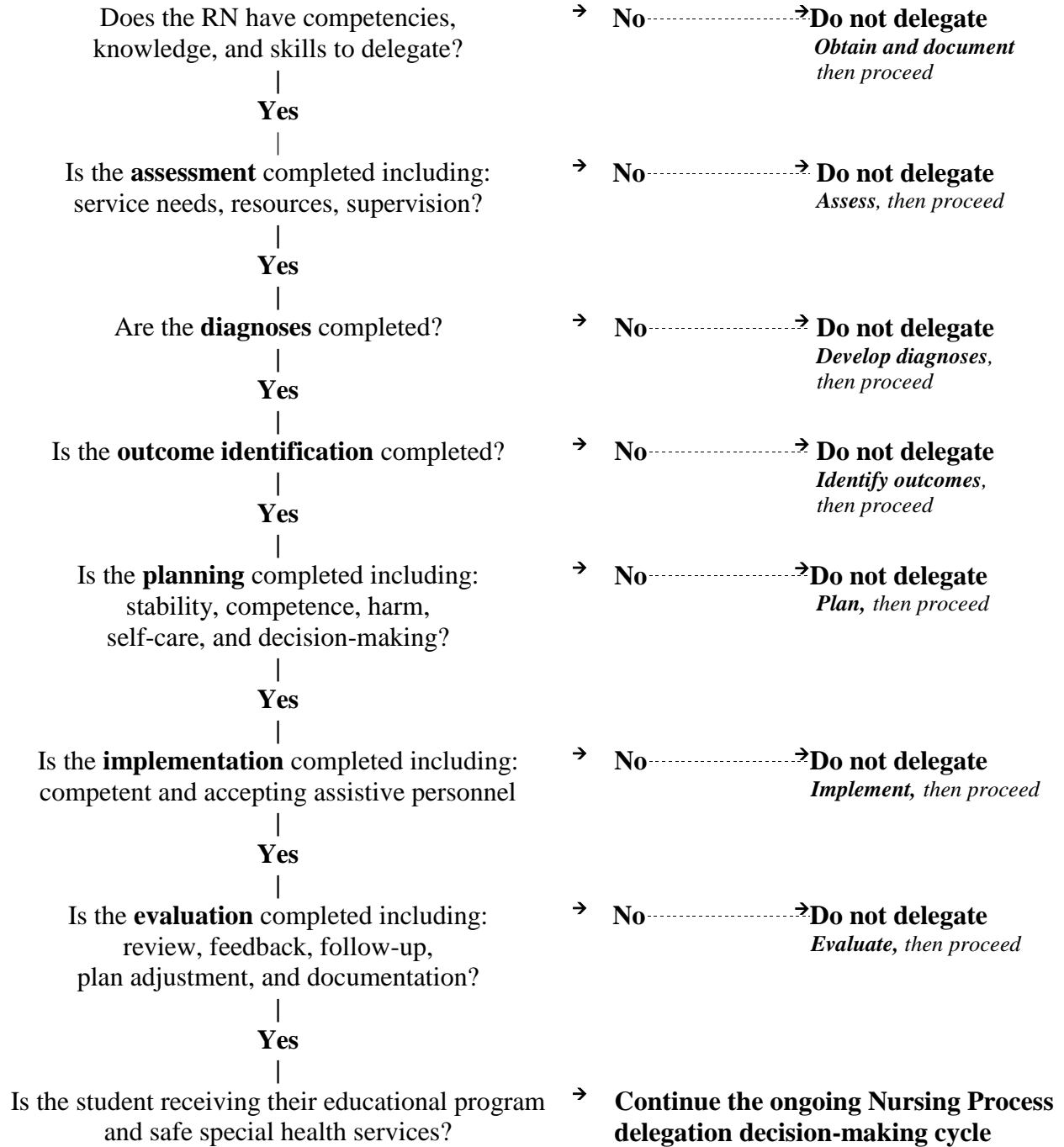
State of Iowa. (current). *Iowa Code and Iowa Administrative Code*. Des Moines, IA: State of Iowa. Retrieved February 22, 2010, from <http://www.legis.state.ia.us/>.

Iowa Code Chapter 152, 256B, 272; §22.7, §143.1, §256.7(24), §279.13, §280.23

Iowa Administrative Code 281–12.4(2, 12, 14), 41.34, 402(3), 403(2), 404(3), 405(1); 282–16.3, .7; 655–4, 6, 7

Prepared by the School Nurse Delegation Workgroup: Ellen Johnson, AEA 4; Susie Poulton, AEA 10, Kathy Deibert, AEA 6, and Charlotte Burt, DE. Reviewed by Lois Churchill, Iowa Board of Nursing.
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Appendix A: Example Iowa School Nurse Delegation Decision-Making Tree



Adapted from the Delegation Decision Tree developed by the Ohio Board of Nursing and National Council of State Boards of Nursing, Inc/1997

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Appendix B: Example Delegation Decision-Making Documentation

Name: _____ Birthdate: _____ School: _____

Assessment, Diagnosis, and Outcome summary:

Planning summary:

Implementation summary:

Evaluation summary:

Documentation: Consider the following in the decision-making process:

Delegation decision rationale: (i.e., The student's health status is stable and the student has received this service for two years without any problems. The service is a step-by-step procedure.)

Documentation when changes occur and at least annually

Planning <ul style="list-style-type: none"><input type="checkbox"/> high outcome predictability (stability)<input type="checkbox"/> minimal service complexity (competence)<input type="checkbox"/> low potential for harm (harm)<input type="checkbox"/> student level for self-care (self-care)<input type="checkbox"/> minimal problem solving required (decision-making)	Assistive personnel <ul style="list-style-type: none"><input type="checkbox"/> designate assistive personnel to perform the service(s)<input type="checkbox"/> instruction content and updates<input type="checkbox"/> demonstrated competency level<input type="checkbox"/> frequency/level of supervision (same area, on site, on call)<input type="checkbox"/> specify ongoing support
Implementation <ul style="list-style-type: none"><input type="checkbox"/> understands responsibility/accountability to provide the service(s) as instructed<input type="checkbox"/> understands and follows lines of communication<input type="checkbox"/> demonstrates service knowledge and skill(s) competency<input type="checkbox"/> agrees to the level and frequency of supervision<input type="checkbox"/> agrees to perform the service(s) as instructed<input type="checkbox"/> agrees to ask questions, communicate concerns, and document service provision<input type="checkbox"/> signs an agreement of understanding	Evaluation <ul style="list-style-type: none"><input type="checkbox"/> review the delegated process and outcomes<input type="checkbox"/> document ongoing communication and observation<input type="checkbox"/> determine follow-up to continue to meet student needs<input type="checkbox"/> adjust the plan as needed to meet new and changing needs<input type="checkbox"/> document the evaluation findings

School nurse signature _____

Date _____

Appendix C: Example Assistive Personnel-Documentation

Student Name	Birthdate	School

I, _____ (assistive personnel):

- ☐ Understand my responsibility and accountability to provide the service(s) as instructed
Location of health service guideline and instructions _____

- ☐ Understand and will follow the lines of communication in the plan

- ☐ Agree to the level and frequency of supervision by the school nurse

- ☐ Agree to perform the service as instructed

- ☐ Agree to ask questions, communicate concerns promptly, and document service provision

- ☐ Received education and feel knowledgeable about the health service Date _____ Initial _____

- ☐ Demonstrated step-by-step health service competency Date _____ Initial _____

Assistive personnel signature	Date

School nurse signature	Date